

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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14						
15						
16	1					
17		①				
18		②				
19		③				
20		④				
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46						
47		4				
48		5				
49						
50						
TOTAL IND.	2					
TOTAL DEP.	5	←	←	←	←	←
TOTAL CLAIMS	7	██████████	██████████	██████████	██████████	██████████

TOTAL IND.	██████████
TOTAL DEP.	██████████
TOTAL CLAIMS	██████████
	██████████